

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

Practitioners associated with the Customer Number: **24738**

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

The address associated with Customer Number: **24738**

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
City		State	Zip	
Country				
Telephone			Fax	

Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	02 FEB 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/560067

IAP9 Rec'd PCT/PTO 07 DEC 2005

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Koninklijke Philips Electronics N.C.	
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: SILICON-ON-INSULATOR DEVICE	

Koninklijke Philips Electronics N.V., a corporation
states that it is:

- the assignee of the entire right, title and interest,
 an assignee of less than the entire right, title and interest.
 The extent (by percentage) of its ownership interest is _____ % in the patent application/patent identified above,

by virtue of:

- An assignment from the inventor(s) of the patent application/patent identified above.
 The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
- A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From _____ To:
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.
 [Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO.
 See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date: 07-DEC-2005

Respectfully submitted,

By Peter Zawilski
 Peter Zawilski, Reg. No. 43,305
 Title: Patent Attorney
 Tel: (408) 474-9063

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		US030163
First Named Inventor		THEODORE LETAVIC
COMPLETE IF KNOWN		
Application Number	/	
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A THIN LAYER SILICON ON INSULATOR BIDIRECTIONAL HIGH VOLTAGE SWITCH
WITH A P -TONGUE BODY EXTENSION**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR	<input checked="" type="checkbox"/> Correspondence address below
Philips Electronics North America Corporation					
Name					
P.O. BOX 3001					
Address					
BRIARCLIFF MANOR	NY			10510	
City	State			ZIP	
U.S.A.		(914)945-6000	(914) 332-0615		Fax
Country		Telephone			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		THEODORE	Family Name or Surname	LETAVIC	
Inventor's Signature		Date			
PUTNAM VALLEY		NY	USA	USA	
Residence: City		State	Country	Citizenship	
25 BELL HOLLOW ROAD					
Mailing Address					
PUTNAM VALLEY		NY	10579	USA	
City		State	Zip	Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		JOHN	Family Name or Surname	PETRUZZELLO	
Inventor's Signature		Date X 7/14/03			
CARMEL		NY	USA	US	
Residence: City		State	Country	Citizenship	
1019 N. HOSEPOUND ROAD					
Mailing Address					
CARMEL		NY	10512	USA	
City		State	Zip	Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

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(37 CFR 1.63)**

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First Named Inventor		THEODORE LETAVIC
COMPLETE IF KNOWN		
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Examiner Name		

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My residence, post office address, and citizenship are as stated below next to my name.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

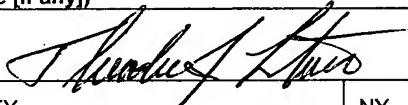
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<p>Philips Electronics North America Corporation</p> <p>Name _____</p> <p>P.O. BOX 3001</p> <p>Address _____</p> <table border="1"> <tr> <td>BRIARCLIFF MANOR</td> <td>NY</td> <td>10510</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td>U.S.A.</td> <td>(914)945-6000</td> <td>(914) 332-0615</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> </tr> </table>						BRIARCLIFF MANOR	NY	10510	City	State	ZIP	U.S.A.	(914)945-6000	(914) 332-0615	Country	Telephone	Fax
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Given Name (first and middle [if any])		Family Name LETAVIC															
Inventor's Signature			Date X 7/18/03														
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Residence: City	State	Country	Zip														
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Mailing Address																	
PUTNAM VALLEY		NY	10579	USA	Citizenship												
City		State	Zip	Country													
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])		Family Name PETRUZZELLO															
Inventor's Signature			Date														
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